

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

1-10-800084

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		2				
8		1				
9		1				
10		5				
11		1				
12		1				
13		2				
14		6				
15		6				
16		6				
17		6				
18		6				
19		1				
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21		1				
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	53					
TOTAL CLAIMS	55					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						